APPLICATION CHECK LIST
MASTER OF ARTS AND MASTER OF SCIENCE PROGRAMS
DEPARTMENT OF PSYCHOLOGY
California State University, Fullerton

SEND TO ADMISSIONS AND RECORDS:
___ University Application available at https://www2.calstate.edu/apply
___ One (1) Official Transcripts from any educational institution you have attended since high school
   If you attended CSUF for your undergraduate degree, the University will have copies of all transcripts.

SEND TO DEPARTMENT OF PSYCHOLOGY (Attn: Psychology Graduate Office) by JANUARY 15:
___ Department Application
___ Statement of Purpose
___ One Set of Official Transcripts from each educational institution you have attended since high school
___ GRE Scores (M.A.: general only; M.S.: general and advanced Psychology subject test)
___ Three (3) Letters of Recommendation
___ M.S. Program Verification of Clinical Experience (if not included as one of your letters of recommendation)

Application: You will be submitting two applications: A University Application and a Department of Psychology Application. The Department will email you when your Department application is received and processed. If you submit a Department application and don’t receive notification, please contact Linda Pabón, lpabon@fullerton.edu Information regarding the University application, deadlines and financial aid is available at 657-278-2300 or http://www.fullerton.edu.

Statement of Purpose: M.A. Program: Discuss such topics as: (1) your present area(s) of interest in psychology, (2) your research experience, (3) the strengths and weaknesses in your preparation for graduate study, and (4) your career objectives as you now see them.

Statement of Purpose: M.S. Program: Discuss such topics as (1) why you would like to be admitted to the program; (2) past research and clinical experience; (3) career objectives; (4) personal qualities and strengths and weaknesses in your preparation for graduate study in an applied clinical program; (5) why you want to become a clinician; and (6) whether you have any special skills for working with specific populations.

Transcripts: The Department of Psychology requires one (1) set of transcripts from every educational institution you have attended after high school. An additional set of transcripts from every institution you have attended since high school should be submitted with your University application. If your undergraduate degree is from CSUF, you will not need to submit transcripts to the University.

GRE Exam: The GRE test is required. The M.S. program requires both the general and advanced/subject tests. The M.A. program requires only the general test. Please ask that official scores be sent to the Department of Psychology. The General exam is administered on the computer and scores are received immediately. The advanced Psychology subject test is offered only three times per year; plan ahead to be sure your scores will be available in time for the deadline. If you are unable to complete the advanced/subject psychology exam prior to the January 15 deadline, please contact Linda Pabón at lpabon@fullerton.edu

Letters of Recommendation: Three letters of recommendation are required for both the MA Program and the MS Program. For the M.S. program, if your clinical site supervisor is not a recommender, please have your supervisor submit the Verification of Clinical Experience (if licensed, supervisor should include license number).

Department Application Deadline January 15: Materials submitted to the Admissions Office are not forwarded to the department. It is impossible for the Department to obtain materials from other University offices. It is the applicant’s responsibility to assure all necessary application materials reach the Department of Psychology Graduate Office by the January 15 deadline. * Completed M.S. applications submitted by Jan. 15 are assured for full consideration.
MASTER OF SCIENCE PROGRAM

DEPARTMENT OF PSYCHOLOGY
California State University, Fullerton

Please Type or Print

Date ________________________________

Name ________________________________ Phone ________________________________

Address ________________________________ Email ________________________________

City __________________ State __________ Zip Code __________________

Ethnicity ________________________________

Other names under which records may be recorded ________________________________

Languages spoken and fluency ________________________________

EDUCATIONAL INSTITUTIONS: List the name and location of every educational institution you have attended subsequent to high school. List most recently attended first. Please submit official transcripts from all institutions you have attended (in the original sealed envelope) with your application. Any action based on your responses to this questionnaire is subject to revision upon verification by official transcripts.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Major</th>
<th>Dates Attended</th>
<th>Degree (if any)</th>
<th>Month &amp; Year received or will receive</th>
<th>G.P.A.</th>
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Cumulative GPA ______ GPA in last 60 units ______ GPA in Psychology ______

RECOMMENDATIONS: List the names and positions of three individuals familiar with your work in psychology whom you have asked to submit letters of recommendation. At least one letter should be from a psychology professor. One letter may be from your clinical supervisor (paid or volunteer) with a description of duties you performed and your supervisor’s license number. Please include letters of recommendation (in original sealed envelopes) with your application.

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<th>Name</th>
<th>Position</th>
<th>Institution/Agency</th>
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GRADUATE RECORD EXAMINATION: Please have your scores on the Aptitude and Advanced Psychology sections of the GRE reported directly to the Department of Psychology Graduate Office. Please note your scores below.

Verbal _____ Quantitative _____ Analytical _____ Advanced Subject _____

If you are unable to complete the Advanced Psychology exam prior January 15, please contact Linda Pabón at lpabon@fullerton.edu
**COURSE REQUIREMENTS FOR MS ADMISSION**

Education: Please list below **All** Psychology courses completed or now in progress. **If you are deficient**, please indicate when you plan to meet requirements.

<table>
<thead>
<tr>
<th>Lower Division</th>
<th>Course Title</th>
<th>Course No.</th>
<th>University</th>
<th>Professor</th>
<th>Grade/Units</th>
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<tbody>
<tr>
<td>Intro Psychology</td>
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<tr>
<td>Research Methods</td>
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<td>Elementary Statistics</td>
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<th>Upper Division</th>
<th>Course Title</th>
<th>Course No.</th>
<th>University</th>
<th>Professor</th>
<th>Grade/Units</th>
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<tr>
<td>Abnormal Psychology</td>
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<td>Physiological/ Biopsychology</td>
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**The following classes are required for classified standing and require a grade of “B” or better.**

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<th>Course Title</th>
<th>Course No.</th>
<th>University</th>
<th>Professor</th>
<th>Grade/Units</th>
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<tr>
<td>Psychological Testing</td>
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<tr>
<td>Advanced Statistics *</td>
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*A placement exam will be required for students who did not complete advanced statistics at CSUF*

List below **ALL** other Psychology course work you have taken or are taking

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<tr>
<th>Course Title</th>
<th>Course No.</th>
<th>University</th>
<th>Professor</th>
<th>Grade/Units</th>
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EXPERIENCE IN A CLINICAL SETTING IS REQUIRED FOR ADMISSION TO THE MS PROGRAM

Briefly describe any applied volunteer or paid positions you have held that provide clinical experience. Specifically describe your duties (e.g., co-facilitator), including internships, type of supervision, and give the License Number of supervisor. Your supervisor should confirm your duties and dates of service on the Recommendation form or, if he/she is not one of your recommenders, on the Clinical Experience Verification form. If they do not have a California license, please provide supervisors’ position title. If your supervisor is no longer available, the current administrator may verify your experience and your supervisor’s status. However, you will need to include an additional reference. Clinical experience is a requirement for admittance to the Master of Science Program.

Position Title:  
Agency:  
Dates of Service:  
Description of Duties:  

Supervisor, Title and License No:  

Position Title:  
Agency:  
Dates of Service:  
Description of Duties:  

Supervisor, Title and License No:  

Position Title:  
Agency:  
Dates of Service:  
Description of Duties:  

Supervisor, Title and License No:  

The M.S. Program is a full-time program with core classes offered during the day. It is not possible for students to attend on a part-time or evenings-only basis.  Will you be able to attend the MS Program full time?

_________
Please describe any paid or volunteer RESEARCH positions you have held.

Title of Project: ____________________________________________________________

Research Supervisor and Title: ______________________________________________

Dates of Service: __________________________________________________________

Did project result in your authorship on a conference presentation or publication?
If yes, please give the full APA-style citation for the conference paper or journal article.

________________________________________________________________________

Description of duties (i.e., data collection, interviewing, scoring, writing presentation, conceptualization and planning):

________________________________________________________________________

Title of Project: ____________________________________________________________

Research Supervisor and Title: ______________________________________________

Dates of Service: __________________________________________________________

Did project result in your authorship on a conference presentation or publication?
If yes, please give the full APA-style citation for the conference paper or journal article.

________________________________________________________________________

Description of duties (i.e., data collection, interviewing, scoring, writing presentation, conceptualization and planning)

________________________________________________________________________

Please attach a statement of purpose. Discuss such topics as (1) why you would like to be admitted to the program; (2) past research and clinical experience; (3) career objectives; (4) personal qualities and strengths and weaknesses in your preparation for graduate study in an applied clinical program; (5) why you want to become a clinician; and (6) whether you have any special skills for working with specific populations.

Your application to the Department of Psychology M.S. Graduate Program cannot be considered by the Graduate Studies Committee unless the departmental application, your statement of purpose, all transcripts, three letters of recommendation (including one letter verifying your clinical experience or a Verification of Clinical Experience form) have been received by JANUARY 15. Completed applications submitted by Jan. 15 are assured for full consideration.

Please mail all application materials directly to:

Department of Psychology
Psychology Graduate Office
California State University, Fullerton
P.O. Box 6846
Fullerton, CA 92634-6846

You must also submit a separate University application and one additional set of transcripts to the Office of Admissions and Records.
TO BE COMPLETED BY APPLICANT PRIOR TO FORWARDING TO RECOMMENDER

(Print) LAST Name of Applicant FRIST MIDDLE

I agree that the recommendation I am requesting shall be held in confidence by officials of the Department of Psychology, and I hereby waive any rights I may have to examine it.

Yes No

Applicant Signature ___________________________ Date ___________________________

TO BE COMPLETED BY RECOMMENDER

Recommendation regarding ____________________________ who is applying for admission to the Master of Science Program in the Department of Psychology at California State University, Fullerton. If the recommender would rather substitute a letter, please attach this form so that we may retain the student's waiver decision.

Please return this form and letter to the applicant in a sealed envelope to be submitted with the Department of Psychology application. Application Deadline is January 15 *

Please Complete and Sign Questionnaire on Reverse
For how long and in what capacity have you known the applicant?

For each of the following attributes, please compare the applicant with other college seniors you have known.

<table>
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<tr>
<th>Attribute</th>
<th>No Basis For Judgment</th>
<th>Lower 50%</th>
<th>Upper 50%</th>
<th>Upper 25%</th>
<th>Upper 10%</th>
<th>Upper 5%</th>
<th>Good As the Best</th>
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<td>Mastery of course Content</td>
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<td>Independence</td>
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<td>Oral Expression</td>
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<td>Writing Ability</td>
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<td>Ability to work with Others</td>
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<td>Carefulness in work</td>
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<td>Dependability</td>
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<td>Potential for Career Success</td>
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<td>Potential to Work With Clients</td>
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<td>Ability to work with Clients</td>
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<td>Maturity</td>
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<td>Ethical Sensitivity</td>
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For this person's application to the M.S. program I would:

___ Very Strongly Recommend
___ Strongly Recommend
___ Recommend
___ Recommend with Reservation
___ Not Recommended for M.S. Program

If this person were to apply for a Ph.D. program I would:

___ Very Strongly Recommend
___ Strongly Recommend
___ Recommend
___ Recommend with Reservation
___ Not Recommend

Name ________________________________  Position ________________________________
Address ________________________________  Street Address __________________________  City __________________________  State __________________________  Zip Code __________________________
Signature ________________________________  Date __________________________
DEPARTMENT OF PSYCHOLOGY
CLINICAL EXPERIENCE VERIFICATION

To Be Completed by Applicant's Supervisor
A letter on agency stationary may be substituted for the Clinical Verification Form
Please Return Form to Applicant in a Sealed Envelope

Name of Agency: ____________________________________________________________

Address: ________________________________________________________________

Name of Applicant: ________________________________________________________

City State Zip Code

Position/Title: ___________________________________________________________

Dates of Service: _________________________________________________________

Description of Duties: ____________________________________________________

Please assess the applicant's performance.

_____________________________________________________________________

_____________________________________________________________________

Please assess the applicant's ability to work with clients, peers and supervisors

_____________________________________________________________________

_____________________________________________________________________

Do you know of any reason why this person should not work clinically with individuals who have sensitive personal problems?

_____________________________________________________________________